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CONFIRMATION NO. 3084

Bib Data Sheet

SERIAL NUMBER 09/552,370	FILING DATE 04/19/2000 RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. M61.12-0224
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APPLICANTS

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** CONTINUING DATA ***** *NONE*
MD

** FOREIGN APPLICATIONS ***** *NONE*
MD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/06/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>MD</i> Initials	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
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ADDRESS

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TITLE

Whiteboard imaging system

FILING FEE RECEIVED 1318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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